# 110000002952

(Requestor's Name)					
(Address)					
(Address)					
(Audiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(======================================					
(Document Number)					
Certified Copies Certificates of Status					
Consideration As Siling Office					
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE



# **COVER LETTER**

Division of C						
SUBJECT:	Position	on Media LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	pondence concerning this matter	r to the following:				
		Joseph J. Rush				
		Name of Person				
Position Media LLC						
Firm/Company						
	2740 East Oakland Park Blvd Ste 300					
Address						
	Fort Lauderdale FI, 33306  City/State and Zip Code					
joe@positionmediagroup.com						
		to be used for future annual report notific	ation)			
For further information	concerning this matter, please of	call:				
Jo	seph J. Rush	at (561)	73-9753			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT



11 JUL 19 PM 12: 19

(Name of the Limited ) (A	Position M Liability Compa Florida Limited I		our records.)	<del></del>	
The Articles of Organization for this Limited Lia Florida document number L110000029		were filed on	01/05/2011	and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company,	' the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:	2740 East Oakla	and Park Blvd		
(Principal office address MUST BE A STREET	ADDRESS)	Ste 300			
		Fort Lauderdale	FI, 33306		
Enter new mailing address, if applicable:		2740 East Oakla	ınd Park Blvd		
(Mailing address MAY BE A POST OFFICE BOX)		Ste 300			
		Fort Lauderdale FI, 33306			
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	~		records, enter t	he name of the new	
New Registered Office Address:	2740 East C	Dakland Park Blvd	Ste 300		
		Enter	Florida street add	ress	
For		t Lauderdale	, Florida	33306	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address MGRM** Anthony J Florence 2740 East Oakland Park Blvd **✓** Add ☐ Remove Ste 300 Fort Lauderdale Fl. 33306 ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ve

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ecessary.)
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Joseph J Rush
Typed or printed name of signee

Filing Fee: \$25.00